



BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS
AND LAND SURVEYORS
PO BOX 9025
OLYMPIA WA 98507-9025
(360) 664-1575

Retired Certificate of Registration Application



APPLICANT'S NAME			LICENSED AS <input type="checkbox"/> PE <input type="checkbox"/> PLS
MAILING ADDRESS			CERTIFICATE NO.
CITY	STATE	ZIP	TELEPHONE NO. ()
DATE OF BIRTH	EFFECTIVE DATE OF RETIREMENT		

Note: If you are registered as **both** a PE and LS, you must be retired in **both** to qualify for a Retired Certificate of Registration. All renewals are for two years. We cannot accept prorated renewals for shorter periods preceeding the date of retirement.

Certification

I certify that I have examined the rules for a Retired Certificate of Registration (*WAC196-12-065 or WAC 196-16-035*) and believe that I meet the conditions to qualify. I agree to abide by the terms and conditions and will not practice engineering or land surveying as defined in RCW 18.43.020 until such time that I have reinstated my Certificate of Registration (*license*) to active status.

Date _____ Signature **X** _____

Staff Use Only - Retired status effective date _____ Reinstatement effective date _____